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Appendix F

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S.D. SEC. OF STATE

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name Doyle Karpen
2. Address 47946-332nd St Jefferson, SD 57038
3. Office Sought Public Utilities Commissioner
4. What is your occupation/profession? Self employed

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

Karpen Grain Co.	(Doyle)	owner Doyle Karpen
Union County, SD	(Doyle)	County Commissioner
Ramaker	(Spouse) Deb	Sales
Media Magicians	(Spouse) Deb	owner
USM	(Spouse) Deb	Director of Operations

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

Karpen Grain Co.	Owner-Doyle Karpen

Filed this 14th day of July, 10

Chris Nelson
SECRETARY OF STATE

State of South Dakota)
) SS.
County of Union)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Doyle Karpen

Sworn to before me this 13 day of July, 2010

(Seal)

Carol Klugger, notary
Officer Administering Oath

My commission expires: 1-16-11

Revised 1997

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: _____

Street Address: _____

Date: _____ Signature: _____

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Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: _____ President Signature: _____

Date: _____ Treasurer Signature: _____

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

Amended 6-2-09